

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from

John Doe dba Doe's Limo

~~Martin L. Smith, Sr.~~  
dba Midlands Transportation Service, LLC

10031010 224247

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 1010 - 193 T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Martin L. Smith, Sr.

Telephone: 803-661-6457

Address: 141-F Pelham Dr., Ste 148  
Columbia SC 29209-0001

Fax: 803-661-6457

Other: N/A

Email: msmith@midlandsts.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
CLERK'S OFFICE  
JAN 10 2010

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: June 1, 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Martin L. Smith, Sr.

d/b/a Midlands Transportation Service, LLC (sole proprietor)  
Street Address of Applicant

141-F Pelham Road, Ste 148, Columbia SC 29209  
Mailing Address of Applicant if different from street address

803-661-6457

Phone

803-661-6457

Fax

m1smith@midlandsts.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month June Year 2010

### Assets:

|                                       |               |
|---------------------------------------|---------------|
| Cash                                  | \$ 4851.00    |
| Receivables                           | 0.00          |
| Real Estate                           | 109,100.00    |
| Buildings and Equipment (Net)         | 0.00          |
| Motor Vehicles (Net)                  | 15,000.00     |
| Garage Equipment (Net)                | 0.00          |
| Machinery and Tools (Net)             | 0.00          |
| Supplies on Hand                      | 2,000.00      |
| Prepays and Other Assets              | 0.00          |
| <b>Total Assets</b>                   | \$ 130,851.00 |
| <b><u>Liabilities and Equity:</u></b> |               |
| Accounts Payable                      | \$ 0.00       |
| Notes Payable                         | 0.00          |
| Mortgages Payable                     | 0.00          |
| Equipment Obligations                 | 0.00          |
| Accrued Salaries and Wages            | 0.00          |
| Other Accrued Obligations             | 0.00          |
| Other Liabilities                     | 0.00          |
| <b>Total Liabilities</b>              | 0.00          |
| Capital Stock                         | \$ 0.00       |
| Retained Earnings                     | 0.00          |
| <b>Total Equity</b>                   | 0.00          |
| <b>Total Liabilities and Equity</b>   | 0.00          |

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$ 400.00

Counties to be Served:

State wide

Maximum Number of Passengers per Vehicle:

7

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

## INSURANCE QUOTE

This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The following insurance quote is for:

Morton L. Smith, Sr. Dda Midlands Transportation  
Name of Motor Carrier Service, LLC  
1411 E. Palham Dr, Ste 148 Columbia, SC 29209  
Address of Motor Carrier

### Amount of Premium:

Liability Insurance \$ 3900.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

|                                    | Limits Quoted |  |
|------------------------------------|---------------|--|
| Liability Combined Each Occurrence | \$ 1,000,000  |  |
| Medical Payments per Person        | \$ 1,000      |  |

National Casualty  
Name of Insurance Company  
1245 Celebration Blvd Florence, SC 29501  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

4-1-10  
Date

[Signature]  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

Martin L. Smith, Sr. dba Midlands Transportation Service, LLC  
Name

N/A

U.S.D.O.T No.

N/A

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

## **Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

Richland

Martin L. Smith, Sr.

Applicant's Signature

I, Martin L. Smith, Sr., Owner  
Name of Applicant's Representative Title

of Midlands Transportation Service, LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Martin L. Smith, Sr.

Signature of Applicant's Representative

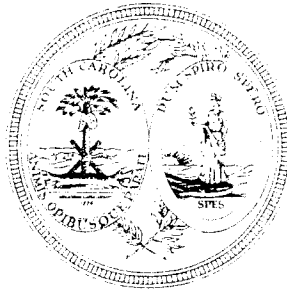
SWORN TO BEFORE ME

This 1 day of June, 20 10

Barbara F. Mullins  
Notary Public

Commission Expires November 2012

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

MIDLANDS TRANSPORTATION SERVICE, LLC,  
a corporation duly organized under the laws of the State of South Carolina on  
May 24th, 2010, and having a perpetual duration unless otherwise indicated  
below, has as of the date hereof filed all reports due this office, paid all fees,  
taxes and penalties owed to the Secretary of State, that the Secretary of State  
has not mailed notice to the Corporation that it is subject to being dissolved by  
administrative action pursuant to section 33-14-210 of the South Carolina Code,  
and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
24th day of May, 2010.

  
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

MAY 24 2010

*Mark Hammond*  
\_\_\_\_\_  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

*Midlands Transportation Service, LLC*

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

*141-F Pelham Drive, Ste. 148*

Street Address

*Columbia SC*

City

*29209*

Zip Code

3. The initial agent for service of process is

*Audrey D. Smith*

Name

*Audrey D. Smith*

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

*141-F Pelham Drive, Ste. 148*

Street Address

*Columbia SC*

City

*29209*

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) *Audrey D. Smith*

Name

*204 Dinkins Street*

Street Address

*Manning*

City

*SC*

State

*29102*

Zip Code

(b) *Martin L. Smith, Sr.*

Name

*2000 Mockingbird Road*

Street Address

*Columbia*

City

*SC*

State

*29204*

Zip Code

100524-0096

FILED: 05/24/2010

MIDLANDS TRANSPORTATION SERVICE, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

Name of Limited Liability Company Midlands Transportation Service, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
- (b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Audrey D. Smith  
Signature of Organizer  
Mark L. Smith  
Signature of Organizer

5/24/10  
Date  
5/24/10  
Date